

# CITY OF BELMONT EMPLOYMENT APPLICATION

## Return Application To

Personnel Division  
City of Belmont  
1070 Sixth Avenue, Suite 301  
Belmont, CA 94002

## Communication Lines

Job Line:  
(415) 595-7438  
Speech & Hearing Impaired:  
TDD (415) 637-2999

## FOR OFFICE USE ONLY

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_  
Comments: \_\_\_\_\_

## Employment Application For \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING

A separate application is required for each position for which you are applying.

Applications should be printed or typed. Incomplete or illegible applications may not be considered.



### PERSONAL INFORMATION

NAME (Last, First, Middle Initial)		OTHER NAMES USED (if any)	
ADDRESS (Number, Street and Apartment Number) (City, State and ZIP Code)			
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER	
DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER (optional)	
TYPE OF EMPLOYMENT DESIRED		<input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Do you meet the stated age requirement (if any)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you verify your legal right to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential job functions for this position?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain on a separate page how we can accommodate you.			
Have you ever been convicted of a violation of the law excluding minor traffic violations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain fully on a separate page. CONVICTIONS DO NOT AUTOMATICALLY DISQUALIFY YOU.			
Describe any job-related skills, knowledge, special training, certificates, licensing, machines or equipment you can operate or possess as they support your application for this position.			

### EDUCATION AND TRAINING

Highest Grade Completed		High School 1 2 3 4				College 1 2 3 4				Graduate 1 2 3 4			
Name and Location of High School		Did You Graduate?		<input type="checkbox"/> GED		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Name and Location of College or Trade School		Attended From						To					
		Degree Received						<input type="checkbox"/> None					
		Major Subjects Studied											
Name and Location of College or Trade School		Attended From						To					
		Degree Received						<input type="checkbox"/> None					
		Major Subjects Studied											